

FINANCIAL AFFIDAVIT

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES MAGISTRATE DISTRICT APPEALS COURT or OTHER PANEL (Specify below)

IN THE CASE OF

United States vs. _____

FOR _____

AT _____

NORTHERN

I N D.

FILED

PERSON REPRESENTED (Show your full name)

KARINDEE Gordon - 2

CHARGE/OFFENSE (describe if applicable & check box →) Felony MisdemeanorPossess of C18 in Tent
21 USC 846MARTIN
UNITED STATES
UNITED STATESC. ASHMAN
JUDGE
DISTRICT COURTPetitioner
Petitioner

Petitioner

Witness

Other (Specify) _____

1 Defendant - Adult2 Defendant - Juvenile3 Appellant4 Probation Violator5 Parole Violator6 海棠 Petitioner7 Material Witness8 Other (Specify) _____

LOCATION NUMBER

DOCKET NUMBERS

Magistrate

District Court

08CR386-2

Court of Appeals

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

| | | | |
|---|---|--|--|
| EMPLOY- MENT | Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self Employed | | |
| | Name and address of employer: _____ | | |
| IF YES, how much do you earn per month? \$ _____ | IF NO, give month and year of last employment How much did you earn per month? \$ _____ | | |
| | If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| IF YES, how much does your Spouse earn per month? \$ _____ | If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____ | | |
| | Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| OTHER INCOME | RECEIVED _____ SOURCES _____ | | |
| | IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY \$ _____ THE SOURCES _____ | | |
| CASH | Have you any cash on hand or money in savings or checking account <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____ | | |
| | Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| PROP- ERTY | VALUE DESCRIPTION | | |
| | IF YES, GIVE THE VALUE AND \$ _____ DESCRIBE IT _____ | | |
| OBLIGATIONS & DEBTS | DEPENDENTS MARITAL STATUS Total SINGLE No. of MARRIED WIDOWED SEPARATED OR DIVORCED Dependents List persons you actually support and your relationship to them THREE CHILDREN OCCASIONALLY SUPPORTS. | | |
| | DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.) APARTMENT OR HOME: Creditors Total Debt Monthly Payt. | | |

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

MAY 14, 2008

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

X KarinDee Gordon